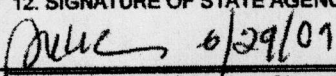



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	<b>1. TRANSMITTAL NUMBER</b> 09-02-E	<b>2. STATE</b> Virgin Islands
	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE &amp; MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>	<b>4. PROPOSED EFFECTIVE DATE</b> April 1, 2009	
<b>5. TYPE OF PLAN MATERIAL (Check One)</b>  NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
<b>6. FEDERAL STATUTE/REGULATION CITATION</b> 1902(a)(69) of the Act	<b>7. FEDERAL BUDGET IMPACT</b> a. FFY 2009                      \$ 1,780,000 b. FFY 2010                      \$3,560,000	
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</b>  Attachment 3.1-B page 13 Attachment 4.19B page 1 Attachment 4.19B page 1a Attachment 4.19E page 1  <b>*** SEE REMARKS</b>	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</b>  Attachment 3.1-B page 13 Attachment 4.19B page 1  Attachment 4.19E page 1	
<b>10. SUBJECT OF AMENDMENT</b>  Incorporates a certified public expenditure methodology into the reimbursement for outpatient hospital services.		

<b>11. GOVERNOR'S REVIEW (Check One)</b> GOVERNORS OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		XOTHER, AS SPECIFIED	
<b>12. SIGNATURE OF STATE AGENCY OFFICIAL</b> 		<b>16. RETURN TO:</b> Julia Sheen	
<b>13. TYPED NAME</b> Julia Sheen		DOH, BHIMA	
<b>14. TITLE</b> Acting Commissioner, Department of Health		3500 Richmond	
<b>15. DATE SUBMITTED</b> 06/29/2009		Charles Harwood Complex	
		Christiansted, USVI 00820	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
<b>17. DATE RECEIVED</b>		<b>18. DATE APPROVED</b> JAN 19 2010	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
<b>19. EFFECTIVE DATE OF APPROVED MATERIAL</b> APR 01 2009		<b>20. SIGNATURE OF REGIONAL OFFICIAL</b> 	
<b>21. TYPED NAME</b> Michael Melendez		<b>22. TITLE</b> Acting Associate Regional Administrator Division of Medicaid and State Operations	
<b>22. REMARKS</b>  Originally submitted SPA was divided into 5 SPAs. Originally submitted pages were replaced with new pages via State's e-mail of 12/15/09.			